

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Red</i>	79334	
O.I.P.E. CLASSIFIER	<i>Dr</i>	32	4/28
FORMALITY REVIEW	<i>AW</i>	72346	6-22-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

APPLICANTS

TITLE

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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If more than 150 claims or 10 actions  
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